

Dispensaries in counties Armagh and Down in the pre-Famine years

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SUMMARY

This paper traces the development of dispensaries in the counties of Armagh and Down in the decades prior to the Great Famine. It examines the number and distribution of dispensaries and discusses their management, finance and daily administration. The role of dispensary doctors, their conditions of employment and the diseases which they treated are also considered.

INTRODUCTION

A dispensary was intended to supply medical attention and medicines to the sick poor of the district surrounding the place where it was located. Towards the end of the eighteenth century the first tentative steps in this form of primary health care were being taken by some of the landed gentry for the benefit of their tenants. Their efforts may have been inspired by similar developments in England with which they would still have had strong ties. The English dispensary system had developed from a reaction on the part of apothecaries and some concerned physicians like John Lettson to the neglect of the poor by physicians during the previous century and was intended to produce 'Charitable institutions where medicines were dispensed and medical advice given free or for a small charge'.¹

NUMBERS OF DISPENSARIES AND THEIR MANAGEMENT

The legislation passed in 1805² which permitted Irish grand juries to contribute sums equal to the amount of donations and subscriptions, doubled the income of existing dispensaries, and encouraged the growth of new dispensaries in Ireland. In 1833 they numbered 452 and by 1839 this figure had risen to 615.³ By 1841 counties Armagh and Down could boast a combined total of 31 dispensaries, 16 in the former and 15 in the latter.⁴

The earliest of these was founded at Lurgan in 1804, a year prior to the aforementioned Act.⁵

Generally, the management of these institutions was vested in those who subscribed to the charity

1 guinea or more, annually; or in a committee of 5 or more members elected by the guinea subscribers.⁶ Contributors of smaller sums were, nevertheless, authorised to recommend patients for treatment.

In counties Armagh and Down, quarterly meetings of subscribers were held with more or less regularity at some dispensaries, for example, at Banbridge and Loughgall. The subscribers to the Seagoe dispensary, who took an active interest in its affairs, and who, according to one report, conducted them 'honourably and economically', also met quarterly.⁷ At others, quarterly meetings of management committees were convened, for example at Blackwatertown, Lurgan, Mullaglass and Warrenpoint/Rostrevor. In a few areas, meetings were held most irregularly. There was no fixed meeting at Rathfriland, as a result of which the management of the dispensary was entrusted to the surgeon; and in 1835, the assistant commissioners inquiring into the state of the poorer classes in Ireland reported that only two meetings of subscribers had been held at Meigh/Jonesborough since the opening of the dispensary in 1822.⁸

The dispensary district was in some instances accurately defined, and comprised one or more parishes, or a half barony or barony. Frequently,

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however, there was no defined or acknowledged boundary and the district was considered to extend to any distance where a subscriber or his tenants resided. In counties Armagh and Down, definition of areas varied greatly. Some like Blackwatertown and Markethill, county Armagh, were defined in numbers of townlands – 72 in each of these – while others such as the Crossmaglen district, also in county Armagh, were described as covering an area of 15,000 acres. Two districts in county Down – Rathfriland and Warrenpoint/Rostrevor – marked their boundaries in terms of compass points – 12 miles north-south, 8 miles east-west; and 20 miles east-west, 7 miles north-south respectively, while others – Mullaglass, county Armagh, for example, were defined simply as 7 miles long by 6 miles wide.⁹

Throughout Ireland the population served by dispensaries varied from county to county. In county Meath, for example, there was one dispensary for a population of 6,545; in county Dublin, one for 6,286; in county Kildare one for 7,228. In Ulster counties the proportions also varied as shown in the table below:

TABLE I
Number of dispensaries in Ulster in 1839 and the population which they served¹⁰

| <i>County</i> | <i>No. of Dispensaries</i> | <i>Population to Dispensary</i> |
|---------------|--------------------------------|---|
| Antrim | 18 | 17,606 |
| Armagh | 16 | 13,752 |
| Cavan | 16 | 14,246 |
| Donegal | 27 | 10,709 |
| Down | 15 | 23,468 |
| Fermanagh | 13 | 11,520 |
| Londonderry | 19 | 11,685 |
| Monaghan | 11 | 17,776 |
| Tyrone | 21 | 14,498 |

As can be seen from the above table, counties Armagh and Down were somewhat inadequately provided with dispensaries. In county Armagh there was one for a population of 13,752 and in county Down only one for 23,468 inhabitants. In

1839, the mean average for all Ireland, assuming its population to be 8,500,000, was one dispensary for a population of 13,520. Taking this average into consideration, most Ulster counties, with the exception of Down, were fairly close to this figure. It is difficult to understand the reasons for this apparent neglect in an area which had experienced good landlord-tenant relations, a comparatively healthy economy and a charitable attitude towards the poor. Yet although most, if not all of landed gentry in county Down were active in these charities, it was evidently difficult in the economic climate of the 1830s for patrons of dispensaries to raise funds.

Dispensaries were supported by subscriptions and county grants; a portion of the fines imposed at petty sessions was also applied to aid their funds. To establish a dispensary, it was necessary that subscriptions were placed in the hands of an individual designated a treasurer, who affirmed that he had received the money for that purpose and that the presentment sessions approved of the establishment of such an institution in the particular locality. The subscribers defined the extent of the dispensary district and made by-laws and regulations for its management. At each successive presenting period, the attention of the county authorities might be called to it, but in general they had neither the time nor the opportunity, even if they had the disposition, to inquire about its management or efficiency.¹¹ It was imperative that the grand jury granted a sum equal to the amount of subscriptions received by the treasurer, when the institution had been approved by the presenting sessions and on each subsequent occasion when a presentment was sought.

In 1839 the amount of subscriptions for county Down with a population of 352,012¹² totalled £880 1s 9d, whereas those for county Armagh with a population of 220,134¹³ amounted to £991 18s 6d.¹⁴ In some areas in county Down, for example in Castlewellan, Rathfriland, or Warrenpoint, if one or more subscribers had withdrawn support, the efficacy of the dispensary would have been severely impaired, but in others, Donaghadee and Hillsborough, for example, the withdrawal of subscriptions by even one family would have been disastrous for the charity.¹⁵ Funds at the Tynan dispensary in county Armagh were reported to have been greatly reduced in the early 1830s owing to the withdrawal of both a bequest and the subscription of a member of the

local gentry, but generally, in this county dependence on a limited number of subscribers was not as crucial as that in county Down.¹⁶

Occasionally, circumstances on some estates, for example the death of a benevolent landlord, could cause financial difficulties for a dispensary previously supported by him. Sometimes this meant a temporary lapse in subscriptions. In February 1839, Rev J R Moore, the trustee of the Annesley estate at Castlewellan, wrote to Crane Brush, agent for the Meade estate at Rathfriland, apologising for his inability to make a contribution from the Annesley estate to either the Castlewellan or the Rathfriland dispensary. Moore hoped that when the affairs of the estate were settled 'these two desirable institutions will be supported by the present Lord as did his father'.¹⁷ Concern for the provision of the Annesley tenantry at this time was also expressed and Moore was hopeful that they would be treated favourably at the dispensary on the Meade property:

I beg to inform you whenever your tenants here apply to me I give them recommendations to the dispensary in Castlewellan the same as Lord Annesley's tenants and hope that you will be so kind as to do so by those of the Annesley property who apply to you at Rathfriland; by so doing we shall be serving each other.¹⁸

Landed proprietors in the Downpatrick area displayed equal concern for their tenants. As no medical officer was paid to visit the sick poor in their own homes, several landlords in the neighbourhood employed a doctor to attend patients on their estates.¹⁹ In 1833, Lord Mandeville established his own dispensary for the tenants on his estate in the Portadown – Tandragee – Newry area of county Armagh.²⁰

Geographically, the dispensaries were situated throughout counties Armagh and Down, and table II indicates the numbers of patients relieved during a selected period:

Table II

*Number of patients relieved at dispensaries in counties Armagh and Down 1825-29*²¹

| <i>Dispensary (Co. Armagh)</i> | <i>Number relieved</i> | | | | |
|------------------------------------|------------------------|-------------|-------------|-------------|-------------|
| | <i>1825</i> | <i>1826</i> | <i>1827</i> | <i>1828</i> | <i>1829</i> |
| Forkhill | 1,328 | 1,207 | 1,933 | 1,326 | 1,232 |
| Keady | 377 | 346 | 416 | 414 | 325 |
| Loughgall | 3,673 | 3,607 | 3,200 | 2,913 | — |
| Markethill | 618 | 754 | 700 | 956 | 829 |
| Newry | 954 | 1,456 | 1,915 | 2,166 | 1,889 |
| Tynan | 2,627 | 2,606 | 2,015 | 2,551 | 2,370 |
| | | | | | |
| <i>(Co. Down)</i> | <i>Number relieved</i> | | | | |
| | <i>1825</i> | <i>1826</i> | <i>1827</i> | <i>1828</i> | <i>1829</i> |
| Ardglass | | | | 680 | 1,120 |
| Banbridge | 2,488 | 2,871 | 3,164 | 3,763 | 3,869 |
| Bangor | 790 | 911 | 1,120 | 833 | 541 |
| Castlewellan | 4,162 | 5,167 | 6,811 | 8,756 | 5,466 |
| Donaghadee | 138 | 158 | 189 | 156 | 152 |
| Dromore | 917 | 892 | 1,003 | 1,129 | 828 |
| Hillsborough | 1,250 | 1,396 | 957 | 1,498 | 1,519 |

*(Co. Down)**Number relieved*

| | <i>1825</i> | <i>1826</i> | <i>1827</i> | <i>1828</i> | <i>1829</i> |
|--------------|-------------|-------------|-------------|-------------|-------------|
| Holywood | 620 | 570 | 792 | 779 | 629 |
| Kilkeel | 830 | 707 | 726 | 724 | 850 |
| Newry | 954 | 1,456 | 1,915 | 2,166 | 1,889 |
| Newtownbreda | 769 | 1,070 | 876 | 1,098 | 1,241 |
| Rathfriland | 513 | 1,042 | 970 | 948 | 828 |
| Warrenpoint | 682 | 769 | 1,118 | 1,212 | 1,892 |

Whilst these figures appear encouraging, later evidence reveals that some of the districts were undoubtedly too large to provide effective medical relief. The Banbridge district, with a population of 40,000, was considered far too extensive for satisfactory provision. More than half the population of the Downpatrick poor law union was, according to Gulson and Phelan, 'so circumstanced as to be unable to obtain any dispensary relief'. Of the three dispensaries in that area they reported:

Two of these institutions appear too circumscribed in area and population, and one seems to be most inconveniently large, in consequence of which, the Medical Officer states that he is obliged to resign, as he cannot perform the duty, and is unwilling to be responsible for it.²²

The Newry union contained seven dispensaries, which afforded relief to 9,864 cases annually. The medical officer of one of these lived eight miles away and the assistant commissioners considered that he could not 'give efficient attendance in his district'. In three districts of this union the population was much too large, which rendered it impossible for one medical officer to perform his duties effectively. In the Newry and Rathfriland districts a considerable proportion of the sick poor was not visited, as two medical officers were too few to attend the numbers of patients in such populous areas.

The Newtownards union, with a population of 53,873, contained only one dispensary, located at Donaghadee. This served a population of approximately 5,500. In the remaining portion of this union there was no gratuitous medical provision. A dispensary had existed at Bangor

having been established in 1817, but this had been discontinued due to lack of funds. There was certainly a great need for some form of medical provision in this area.

In county Armagh, where the ratio of dispensaries per head of population was of course much more favourable than that in county Down, similar criticisms were levelled. The Armagh union, for example, contained six dispensaries and, as cited earlier, one was supported entirely by the private funds of Lord Mandeville. The six institutions provided relief for 10,571 patients, but some areas appeared too large and too populous for one medical attendant.

Three dispensaries in the Lurgan union afforded relief to 6,363 persons; however two of these were in such close proximity that more distant areas were in some respects neglected.

INEQUALITIES IN PROVISION

Considerable disproportion existed in the amount of relief afforded by particular dispensaries, even those in the same county. In county Down, the Kilkeel dispensary afforded relief to 4 per cent of the population, that at Donaghadee to 4¹/₆ per cent, whilst the Seaforde dispensary gave relief to 35 per cent. In county Armagh, 4 per cent of the population were attended at the Bellatrain dispensary, 9¹/₂ at Seagoe, 44 at Portadown and 50 at Forkhill.²³

The same inequality appeared with regard to the salaries of medical officers, the expenditure on medicines and the amount allocated to treatment per patient. In most instances this was dependent on the state of dispensary funds.

TABLE III

Annual salaries and allowances of dispensary doctors in counties Armagh and Down as reported by the assistant commissioners for inquiring into the state of the poorer classes in Ireland, 1835²⁴

| <i>Dispensary</i> | <i>Salary</i> | <i>Allowances</i> |
|-----------------------|---------------|--|
| Ballymacarrett | £60 | £10 for house rent |
| Banbridge | £74 | |
| Bangor | £30 | |
| Castlewellan | £100 | |
| Donaghadee | £30 | |
| Dromore | £31 10s | |
| Hillsborough | £63 3s 1d | |
| Holywood | £40 | |
| Newtownbreda | £50 | |
| Warrenpoint/Rostrevor | £50 | 2s 6d per visiting ticket; 7s 6d per labour ticket |
| Blackwatertown | £60 | 2s 6d per midwifery case |
| Crossmaglen | £75 | lodging |
| Forkhill | £50 | house, rent free |
| Loughgall | £50 | 2s 6d for visiting at a distance over 2 miles; house and garden rent free |
| Meigh/Jonesborough | £30 | |
| Mullaglass | £50 | |
| Newtownhamilton | £40 | unfurnished lodgings; small garden; stable |
| Lurgan | £60 | |
| Markethill | £50 | £12 allowed towards horse |
| Poyntzpass | £50 | £10 conditional for visits |
| Tandragee | £50 | |
| Tynan | £50 | |

As can be ascertained from table III, salaries in the dispensaries in counties Armagh and Down ranged from £30 per annum with no additional allowances for the medical officer at Meigh and Jonesborough in south Armagh and a similar amount for those in charge of each of the dispensaries in Bangor and Donaghadee in county Down, to a maximum of £100 at Castlewellan, where Lord Annesley's influence was evidently paramount. Some committees supplied accommodation and additional financial incentives for

their surgeons. At Loughgall, county Armagh, for example, the medical officer, in addition to his salary, was provided with a house and garden rent free and received 2s 6d when he visited a patient who lived over 2 miles from the dispensary. Similar visiting allowances were permitted by other boards of management: at Warrenpoint and Rostrevor, county Down, the surgeon's salary was fixed at £50, but he received 2s 6d for each visiting ticket and 7s 6d for each labour ticket. Such allowances augmented his basic salary to

average £90 - £100 per annum. But the intentions of committees of subscribers were sometimes frustrated due to shortage of funds. The Tandragee managers had originally voted for their medical officer to receive £40 salary and 2s 6d for every visit, provided the distance did not exceed one mile. However, within a few years of such a proposal it was considered expedient to alter this arrangement and he received £10 in lieu of the visits. The cost of the original proposal obviously proved too expensive. At Mullaglass, county Armagh, a similar situation pertained. The surgeon was entitled to have received 2s 6d for each visit in addition to his salary of £50, but here too, the cost was prohibitive.²⁵

As suggested earlier, contributions to these charities in the north Down area were most disappointing. Subscriptions to the Bangor dispensary were so low that the funds were seldom sufficient to allow the medical officer the agreed annual salary of £30. This may be attributed to a lack of dedication on the part of the subscribers as, by 1835, no meetings had been held for several years and perhaps no effort made to secure new subscribers to the charity. It was reported simply that the treasurer received subscriptions and paid the bills.²⁶ Another reason may have been the popularity of the mendicity association which was attracting subscriptions most likely to the detriment of the dispensary funds.²⁷ Between 1825 and 1834 the medical officer's remuneration ranged from £8 14s 11d in the former year to a maximum of £15 in both 1831 and 1834. £10 was received in 1827, 1830, 1832 and 1833, but in 1826, 1828 and 1829 no salary whatsoever was paid. From the statement of accounts for the years 1833-1835 it appears that the grand jury granted annual sums equal to only half the amount of subscriptions, despite the charity's apparent compliance with statutory regulations. Receipts for the year 1830 were £42 1s 6d and expenditure £46 1s 3d. Figures for 1831 were: receipts : £51 7s 6d and expenditure : £50 19s 11d. When these figures are compared with the medical officer's salary for those years (£10 and £15 respectively), it would appear that priority was afforded to the patients and the surgeon's salary was accordingly reduced. It should be noted that the medical officer who had been appointed since the

establishment of the Bangor dispensary in 1817 was surgeon to the south Down militia, for which he was in receipt of £63 17s 6d per annum and, like many other dispensary doctors, he was also in private practice, so perhaps the lapses in salary payments were not so serious in his situation.²⁸

The financial constraints of dispensaries and variables, such as the extent of districts and types of illnesses treated, all affected the amounts spent on the purchase of medicines. Evidence in this respect is far from complete, and the discrepancies between the end of the dispensary year which was March and the year for reporting which was December, exacerbate the difficulty of providing a logical and structured analysis of available figures.

However, some examples of sums expended may be helpful in demonstrating the variations which prevailed among individual establishments. See Table IV)²⁹

Figures for some dispensaries provide an average cost per head over a 3-year period, for example, at Loughgall where, for the years 1832-34 the average sum expended on medicines was £89 2s 11½d and the average number of patients treated was 3,046. This shows that the average expense of each patient amounted to a fraction more than 7d per annum. A similar calculation for the previous three years gave an average of 7½d per head.³⁰ At Castlewellan the expense of medicines from March 1830 to March 1833 amounted to £99 9s 2d and the number of patients relieved was 6,735. According to calculations made by the governors this rendered an average expense of 3½d per head. Within that period, from March 1832 to March 1833, the medicines cost £60 9s and 2,338 patients were relieved. Thus an average expense of 6d per head was calculated. Dispensaries which treated fewer patients could afford to be more generous in the allocation of funds to those who did benefit from treatment. The figures for the Tynan dispensary, county Armagh, for example, illustrate this. During the 3 years ending 31 July 1833 the cost of medicines amounted to £99 4s 2d and 1,554 patients were attended. This permitted an expenditure of 1s 3¼d per head and contrasted sharply with establishments such as that at Tandragee, county Armagh, where, in the 3 years 1832 - 1834, 5,716 patients received treatment and an average of 6¾d was expended on each.³¹

TABLE IV

*Amounts expended at selected dispensaries in counties Armagh and Down 1831-34*²⁹

| <i>Dispensary</i> | <i>Year</i> | <i>Patients</i> | <i>Cost</i> | <i>Cost per head</i> |
|---------------------------|-------------|-----------------|--|---------------------------------|
| Banbridge | 1832 | 5,230 | £62 11s 6 ¹ / ₂ d | 3d |
| | 1833 | 6,444 | £71 15s 10d | 2 ³ / ₄ d |
| | 1834 | 6,572 | £73 15s 7 ¹ / ₂ d | 2 ³ / ₄ d |
| Dromore | 1831 | 1,088 | £39 12s 11 ¹ / ₂ d | 8 ¹ / ₂ d |
| | 1832 | 984 | £37 19 0d | 9d |
| | 1833 | 966 | £35 10s 2 ¹ / ₂ d | 8 ¹ / ₂ d |
| Hillsborough | 1832 | 870 | £15 3s 2d | 4 ¹ / ₃ d |
| | 1833 | 858 | £15 6s 7 ¹ / ₂ d | 4 ¹ / ₄ d |
| | 1834 | 318 | £ 9 12s 4d | 6 ¹ / ₂ d |
| Holywood | 1831 | | £30 6s 5d | 7 ¹ / ₄ d |
| | 1833 | | £18 16s 11d | 2d |
| | 1834 | | £11 13s 6d | 2d |
| Warrenpoint/ Rostrevor | 1833 | 1,858 | £64 3s 10d | 1s 6d |
| Forkhill | 1834 | 1,474 | £40 10s 0d | 6 ¹ / ₂ d |
| Markethill | 1833 | 1,318 | £29 11s 0d | 4 ¹ / ₂ d |
| | 1834 | 1,674 | £25 8s 5d | 4 ¹ / ₂ d |
| Mullaglass | 1833 | | £45 1s 1 ¹ / ₂ d | 1s 1d |
| | 1834 | | £36 3s 9 ¹ / ₂ d | 1s 1d |

REGULATIONS FOR RELIEF

The regulations under which dispensary relief was afforded were various. In some locations the medical officer was empowered to give advice and medicine to all whom he considered 'fit objects' and to refuse all others. At most dispensaries, however, a subscriber's recommendation was required. Generally, assistance was given to the tenantry or dependents of subscribers, whilst individuals residing on the property of those who were not contributors were excluded from all participation in the relief. Locally, this exclusion was widely obviated through the compassion of subscribers who recommended the poorer tenantry or non-contributing landlords to receive aid.

In counties Armagh and Down it was usual for all poor persons to have access to the benefits of dispensary relief and applicants were issued with a ticket supplied and signed by a subscriber. Abuse of the system, by which persons able to pay for advice attempted to impose on the charity sometimes occurred, but this was guarded against in most areas.

There were two kinds of tickets – those for advice and those which entitled the bearer to receive a visit from the medical officer. Normally, in these counties, there was no difficulty in procuring a ticket, although some committees, no doubt for financial reasons, and indeed perhaps also to avoid exploitation or abuse of the system, limited the number of tickets distributed to their

subscribers. Some differentiated between the two classes of ticket, and in certain districts the amount of subscription determined the number of tickets issued. Visiting tickets tended to be fewer in number. The rules of the Donaghadee dispensary committee permitted the issue of eight tickets for advice and medicine to subscribers of 1 guinea, 24 tickets for subscribers of 2 guineas and 40 for those who subscribed 5 guineas. At Lurgan, tickets were limited to 20 per 1 guinea subscriber, but no distinction was made between advice and visiting tickets. Subscribers of one guinea to the Blackwater charity were issued with only 12 visiting tickets, but the number of tickets for advice and medicine was unlimited. The committee of the Warrenpoint/Rostrevor dispensary agreed to limit the visiting tickets issued to four for each £1 subscriber, although clergymen of all denominations received double that figure. Here, the number of advice tickets supplied for issue was, like many other areas, unlimited. In some districts, Mullaglass, for example, whilst each £1 subscriber was limited to 10 tickets for advice and 5 for visits, the rule was not vigorously enforced.³²

In most districts the sick were seen at the dispensary on fixed days. Some dispensaries like that at Hollywood received patients on two days per week, others like the one at Dromore were open on three days. Those who were too ill to attend were visited at home, provided the relevant ticket had been procured. In some areas, for example Blackwatertown, with the exception of emergencies, presentation of visiting tickets was required before 10.00 am. In case of accident most establishments possessed splints and bandages and provided the necessary assistance. In these counties, expectant mothers were usually attended by midwives, many of whom lacked skill and expertise. Only seriously ill cases were seen by the medical officer, sometimes for an additional payment. Dispensaries where payments were required formulated their own rules regarding the surgeon's remuneration. At Lurgan 'lying-in cases' were 'attended from the dispensary on a ticket of recommendation and on payment of 10s 6d by the recommender for each case'.³³ Regulations at the Meigh/Jonesborough dispensary stipulated that the medical officer should attend cases only where the patient produced a ticket of recommendation and paid him 5s if visited on a dispensary day and 10s on any other day.³⁴ Fees were generally not as high

as those at Lurgan or Meigh and were frequently met by the dispensary funds. The surgeon at Warrenpoint/Rostrevor attended all difficult cases and was paid 7s 6d from the funds, and the medical attendant at Hollywood was allowed 2s 6d for similar visits. Some areas, though few in number, for example, Mullaglass and Newtown-hamilton, were attended by the surgeon simply on production of a subscriber's ticket.³⁵

Vaccination increased in Ireland during the early years of the nineteenth century. The zeal of the medical profession for this practice was demonstrated by a series of resolutions passed unanimously at a meeting of the Royal College of Surgeons of Ireland in 1811. It was agreed by this august body that there was not a physician or surgeon in the country who did not approve and practise vaccination and that due to such efforts the mortality from small-pox had materially decreased.³⁶

Before the Great Famine little direct encouragement was given to vaccination by the state. However, the dispensaries, which were, of course, assisted partly by public finance, popularised the practice in many areas.

In counties Armagh and Down, vaccination was performed free of charge at most dispensaries. Medical officers were generally in favour of it and certainly the population of the area was confident of its benefits. Some local physicians even supported re-vaccination, for example, Dr Robert Chermside from Warrenpoint:

the protective influence of vaccination against small-pox contagion is only temporary, or limited to a certain number of years; but it appears to remain almost complete for 8 or 10 years, and then progressively to become less and less decided;

it is, therefore, proper to have recourse to re-vaccination, and this operation should be performed at least two or three times in early life; say at the first three septennial periods. According to the German authorities no case of small-pox has occurred in any re-vaccinated person.³⁷

and Dr J M Lynn from Markethill :

From pretty extensive experience, I am still strongly of opinion that all persons should be re-vaccinated at the end of eight or ten years; and the report just published by the French Academy of Sciences on this subject, fully supports the views which I had the honour of laying before the governors of this dispensary in my annual report of 1838.³⁸

In some districts, whilst the vaccination was performed free, a deposit – usually 1s – was required in an attempt to ensure the return of the child for future inspection.

As elsewhere in the country, inoculation was far from popular among the surgeons in this area of Ulster. Sir Gilbert Blane, writing in 1811, while admitting that inoculation gave the individual a milder form of small-pox, thought that on balance there was an increase of mortality by 'inoculation destroying more than it saved, by spreading it [the disease] to places which would otherwise have escaped'.³⁹ This view evidently pertained in the 1830s.

ACCOMMODATION AND EQUIPMENT

Patients consulted their local medical officers during specific hours at the dispensary premises. Usually, these consisted of one or two rooms in a house, frequently rented by the charity. In some districts the surgeon held the dispensary in part of his own home. At Lurgan, for example, a 'room opening out of the medical officer's house' was used, but no remuneration for the accommodation was received; at Tynan, part of the medical officer's residence acted as a dispensary, although here a payment of £3 per annum was donated from the funds; at Warrenpoint, the surgeon who provided a room in his home was paid £8 8s from the local contributions; and at Markethill £10 was allocated for the use of a room in the surgeon's house.⁴⁰

Rarely did these establishments comprise anything more than a waiting room and a room for consultation. In some places for example, Ballymacarrett, Lurgan and Newtownbreda only the latter existed. However, the benevolence of the Marquis of Downshire ensured that the premises at Hillsborough included a 'good waiting room, a small neat dispensary, a physician's consulting room, a committee room and a kitchen on the ground floor; a housekeeper and nurses-room (sic), and three wards capable of containing ten beds (all in excellent repair)'.⁴¹

The poor law assistant commissioners reported that a few dispensaries – Hillsborough, Meigh, Mullaglass and Warrenpoint, had insufficient supplies of medicines. Principally this was because their visit coincided with the end of a quarter when in certain places medicine stocks were low awaiting re-ordering, but the inevitable shortage of funds was also a factor. Generally, however, in counties Armagh and Down, the

establishments were supplied with ample quantities of medicine, including some expensive and delicate mixtures.⁴² Most medicines were purchased from druggists in Belfast, Dublin and in one case, Glasgow. Dispensaries in these counties had very limited resources. Few had apparatus for preparing decoctions; surgical instruments, in the possession of the personnel of a minority of dispensaries, included a stomach pump, bougies, enema syringes and catheters.

ILLNESSES TREATED

Numerous complaints were treated at the dispensaries each year. At the Warrenpoint/Rostrevor dispensary during 1829, pectoral, inflammatory and rheumatic problems constituted the most prominent part of the catalogue of diseases. Such may be easily accounted for when several factors are considered: the humidity and variable nature of the climate; the wretched dwellings of the class of people among whom the dispensary practice was situated; their imperfect clothing and scanty supply of fuel; and the general privation of the necessities of life.⁴³ Similar causes may be ascribed to the increased ratio of fever during the same year. Whooping cough, measles, scarlatina and bowel complaints were also prevalent in the district at different times in 1829.

According to some medical officers, many of the diseases of the poor arose from improper and insufficient diet. Consequently, many ailments could have been prevented by eating more wholesome food. Lack of variety in their diet and the total dependence on the potato often produced diseases of the digestive organs. Too frequent use of oatmeal and salted food gave rise to many eruptive diseases.⁴⁴

Complaints of a similar nature were treated at other local dispensaries in the pre-Famine years. The report of the Newry dispensary for 1831 noted that during the months of January, February and March the diseases most frequently encountered were those of an inflammatory nature: inflammation of the lungs and bowels, pleurisy, erysipelas, rheumatism, diarrhoea and dysentery. In April, May and June, small-pox, typhus fever and dysentery prevailed and in July, August and September, measles, whooping cough and cholera were in evidence. During the final quarter of that year, pulmonary affections, scarlatina, rheumatism and, in particular, diarrhoea and dysentery were exceedingly common.⁴⁵

At the Holywood dispensary in 1841 and 1844, bowel complaints, dyspepsia, febrile colds, scrofula and rheumatism continued to be the most prevalent diseases treated.⁴⁶ The report of the medical officers at Loughgall showed that during the year 1 May 1842 – 1 May 1843, scarlatina, influenza, dyspepsia, rheumatism and bronchitis accounted for the largest number of patients who received treatment.

As suggested earlier, due to climatic conditions in this part of Ulster and the poor living conditions of many of the inhabitants, the diseases and complaints of the population showed little variation. There were evidently local differences as may be ascertained from a closer examination of the limited number of dispensary reports. In general, the medical officers showed compassion and concern for their patients and though working with limited resources they provided relevant treatment for the sick. However, it may be noted that 'generous diet alone, with the comforts of a warm room and bed, have been sufficient to remove disease'.⁴⁷

ASSESSMENT

Dispensaries were, undoubtedly, a valuable asset to provision for the sick poor. They afforded timely aid in cases of accident or disease, thus preventing disablement or death and consequently, the ultimate pauperism of entire families. Generally, throughout Ireland, however, the dispensaries were too few in number to serve the needs of the people, and as discussed earlier, their distribution was by no means evenly dispersed.⁴⁸ So much was contingent on the financial state of these charities, which depended on local subscriptions even before they could be established, that when the wealthier classes withheld support, the poor were deprived of any localised medical treatment. In theory, the principle of making private contribution an indispensable condition to the grant of county assistance, was viewed as encouraging the foundation of dispensaries where they were most required, as well as fostering the interest of a number of subscribers in the administration of these establishments to which they themselves contributed.⁴⁹ In practice, however, as has been illustrated by the financial constraints of most dispensaries, due to the paucity of subscriptions, this philosophy was to prove far from realistic.

Many districts were too populous for the medical staff to attend effectively, and in numerous

instances their salaries were disproportionate to the duties required of them. The fact that most dispensaries were visited by doctors on a limited number of days per week created doubts as to the overall efficiency of the establishments, particularly, when in cases of accident or acute disease, a daily attendance was probably necessary.

In some areas, payment required for visits was prohibitive for a large proportion of the community. Some doctors were inclined to stint their patients by a regulation permitting them to seek remuneration in the funds which remained when the medicines were paid for – a factor which might explain the discrepancies in the cost of medicines at various dispensaries not only in counties Armagh and Down, but in the country as a whole.⁵⁰

The rationale of the dispensaries was largely determined by the serious deficiencies in hospital provision and, as the population increased, by the need to extend medical treatment to the labouring poor. The concept, albeit in a limited way, encouraged closer and more direct contact between patient and physician, both through attendance at the dispensary and home visiting; thus the medical profession learned the true extent of illnesses associated with poverty and overcrowding, in which continued fever dominated the picture in successive epidemics against a background of endemic and equally serious diseases such as dysentery.

Despite their shortcomings, the dispensaries in counties Armagh and Down, as indeed elsewhere in Ireland, provided medical advice and assistance to many who would otherwise have had none.⁵¹ In 1851, when the Medical Charities Act was passed, the dispensaries, with the workhouses, were to form part of a new structure of health care which was to last well into the twentieth century.

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